In re Application of: YOSHIYUKI IMANAKA, ET AL.

Docket No. 03500.013949.

Examiner: A. Dudding

Filed: October 26, 1999

Application No.: 09/426,896

Group Art Unit: 2853

For: HEAD SUBSTRATE HAVING DATA

MEMORY, PRINTING HEAD, PRINTING

APPARATUS AND PRODUCING METHOD

THEREFOR

Date: May 10, 2004

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Continued Examination and Preliminary Amendment in the aboveidentified application.

X No additional fee is required.

The fee has been calculated as shown below

| · | 1 | С | LAIMS AS AMEN | NDED | | |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | ⇒ 28 | MINUS | ** 212 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | * 3 | MINUS | *** 6 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT— | | | | | \$0.00 | |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | Verified Statement claiming small entity status is enclosed, if not filed previously. |
|----------|---|
| | A check in the amount of \$ is enclosed. |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| <u>x</u> | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. |
| • | Respectfully submitted, |
| | Attorney for Applicants Registration No. 42 47 6 |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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